

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/23/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155095		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 08/08/2011	
NAME OF PROVIDER OR SUPPLIER  HERITAGE PARK				STREET ADDRESS, CITY, STATE, ZIP CODE 2001 HOBSON ROAD FORT WAYNE, IN46805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the investigation of Complaints Number IN00094140 and Number IN00094406.</p> <p>Complaint Number IN00094140-Substantiated. Federal/state deficiencies related to the allegations are cited at F 282 and F 502.</p> <p>Complaint Number IN00094406-Substantiated. Federal/state deficiencies related to the allegations are cited at F282.</p> <p>Survey dates: August 4, 5, 8, 2011</p> <p>Facility number: 000038 Provider number: 155095 Aim number: 100274830</p> <p>Survey team: Ann Armey, RN</p> <p>Census bed type: SNF: 22 SNF/NF: 149 Total: 171</p> <p>Census payor type: Medicare: 27 Medicaid: 107 Other: 37</p>			F0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567L Plan of Correction be considered the Letter of Credible Allegation. Based on past survey history and no harm identified to any resident; this facility respectfully requests a desk review in lieu of a post-survey revisit on or before August 30, 2011.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0282 SS=D	<p>Total: 171</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 8/9/11 Cathy Emswiller RN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview and record review, the facility failed to follow physician orders for obtaining laboratory tests and monitoring a Peripherally Inserted Central Catheter (PICC) line. This deficiency affected 1 of 3 residents reviewed, with peripheral catheters, in a sample of 4. (Resident #C)</p> <p>Findings include:</p> <p>1. The clinical record of Resident #C was reviewed on 8/4/11 at 1:30 p.m. and indicated the resident was admitted to the facility on 6/17/11, with diagnoses which included but were not limited to, Diskitis, and osteomyelitis of the lumbar spine.</p> <p>Admission orders, dated 6/17/11, indicated the resident was to receive</p>			F0282	<p>It is the practice of this provider to ensure the services provided or arranged by the facility are provided by qualified persons in accordance with each resident's written plan of care. However, based on the alleged deficient practice the following has been implemented: What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice: -Resident C has labs drawn per physicians order. -A physicians order was received August 15, 2011 to discontinue measuring the external PICC catheter daily. -No other residents were found to have been affected by the alleged deficient practice How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p>		08/22/2011

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	<p>Vancomycin (an antibiotic medication), intravenously via a PICC line.</p> <p>On 7/11/11, the infectious disease physician ordered the following laboratory tests to be done every week on Tuesdays ; CBC (Complete Blood Count), BMP (Basic Metabolic Panel), ESR (Erythrocyte Sedimentation Rate), CRP (Complete Renal Panel) and Vancomycin Trough.</p> <p>On 7/11/11, a laboratory requisition was sent requesting the weekly laboratory tests.</p> <p>The July 2011 MAR, (Medication Administration Record) indicated the labs were to be done on 7/12/11, 7/19/11, and 7/26/11.</p> <p>Laboratory reports were reviewed with Unit Director #1. There was no documentation the following laboratory tests were done: on 7/12/11, the CBC, BMP, CRP and ESR; on 7/19/11, the BMP, CRP, ESR, and Vancomycin Trough; on 7/26/11, the CBC, BMP, CRP, and ESR.</p> <p>On 8/5/11 at 9:30 A.M., Unit Director #1 indicated the laboratory tests had not been</p>				<p>-Residents requiring laboratory monitoring have the potential to be affected by the alleged deficient practice.-Residents with a physicians order to measure an external PICC line catheter daily have the potential to be affected by the alleged deficient practice.What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:-The PICC line policy has been reviewed and distributed to the nurse practitioners providing services in the facility. Determining the need to measure the external catheter is made on an individual basis rather than included in routine PICC line maintenance orders.-A meeting has been held with Parkview Laboratory Services to identify causative factors leading to determining reasons the ordered labs were not drawn per facility's request.-Parkview Laboratory personnel will streamline information they request by directing faxes and phone calls to the facility's Medical Record Department in addition to individual nursing stations to ensure information requested is provided timely.-The Unit Managers have been re-educated on the Laboratory Tracking System. Education includes but is not limited to identifying what labs have been ordered and appropriate documentation reflecting results</p>		

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	<p>done. He indicated the nurse faxed the laboratory requesting the weekly laboratory tests but the laboratory never came to do the tests. The Unit Director indicated the facility staff did not realize the laboratory test were not being done until 7/28/11.</p> <p>Physician orders, dated 7/28/11, indicated the CBC, BMP, Sed Rate, and CRP were to be done on 7/28/11, and then every week starting on 8/2/11.</p> <p>On 8/8/11 at 9:30 A.M., the DON (Director of Nursing) indicated she had spoken with the laboratory and they did not do the tests.</p> <p>2. On 8/4/11 at 1:00 P.M., LPN #2 was observed administering intravenous Vancomycin to Resident #C via a PICC (Peripherally Inserted Central Catheter) line in the right arm.</p> <p>Physician orders, dated 6/20/11 indicated "...Measure PICC line every day on 10p-6A..."</p> <p>The July and August 2011 MARs (Medication Administration Records) had no documentation the PICC line was being measured every day.</p>				<p>have been received for each specific lab ordered. A pre-test and post-test were administered to verify understanding of the laboratory tracking process.</p> <p>-Education provided August 17, 2011 by the Director of Nursing Services.-The Medical Records Licensed Nurse/Designee is responsible for oversight to ensure compliance.How the corrective action(s) will be monitored to ensure the deficient practice will not recur:-CQI monitoring tools titled "Labs/Diagnostics" and "PICC Lines" will be utilized for 8 months. The Unit Managers will complete the CQIs on day shift every week x 4, monthly x 3 and quarterly thereafter.-Data will be submitted to the CQI committee. If threshold is not met, an action pan will be developed.</p> <p>-Non-compliance with facility procedure may result in disciplinary action up to and including termination.</p>		

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F0502 SS=D	<p>On 8/8/11 at 9:35 A.M., the DON (Director of Nursing) indicated the order to measure the PICC line was not transcribed onto the July and August 2011 MARs and as a result, the PICC line was not measured.</p> <p>The DON indicated there was no specific facility policy to measure external PICC catheters but the nurse practitioner had written an order for Resident #C's PICC line to be measured every day.</p> <p>This Federal tag relates to Complaint Numbers IN00094140 and IN00094406.</p> <p>3.1-35(g)(2)</p> <p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on interview and record review, the facility failed to follow physician orders for obtaining laboratory tests. This deficiency affected 1 of 3 residents reviewed, for the completion of laboratory tests, in a sample of 4. (Resident #C)</p> <p>Findings include:</p> <p>1. The clinical record of Resident #C was reviewed on 8/4/11 at 1:30 p.m. and</p>			F0502	<p>It is the practice of this provider to ensure laboratory services meet the needs of its residents and ensures quality and timeliness of the services. However, based on the alleged deficient practice the residents found to have been affected by the deficient following has been implemented: What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: -Resident C has labs drawn per physicians</p>		08/22/2011

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	<p>indicated the resident was admitted to the facility on 6/17/11, with diagnoses which included but were not limited to, Diskitis, and osteomyelitis of the lumbar spine.</p> <p>Admission orders, dated 6/17/11, indicated the resident was to receive Vancomycin (an antibiotic medication), intravenously via a PICC line.</p> <p>On 7/11/11, the infectious disease physician ordered the following laboratory tests to be done every week on Tuesdays ; CBC (Complete Blood Count), BMP (Basic Metabolic Panel), ESR (Erythrocyte Sedimentation Rate), CRP (Complete Renal Panel) and Vancomycin Trough.</p> <p>On 7/11/11, a laboratory requisition was sent requesting the weekly laboratory tests.</p> <p>The July 2011 MAR, (Medication Administration Record) indicated the labs were to be done on 7/12/11, 7/19/11, and 7/26/11.</p> <p>Laboratory reports were reviewed with Unit Director #1. There was no documentation the following laboratory tests were done: on 7/12/11, the CBC, BMP, CRP and ESR;</p>				<p>order-No other residents were found to have been affected by the alleged deficient practiceHow will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:-Residents requiring laboratory monitoring have the potential to be affected by the alleged deficient practiceWhat measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:-A meeting has been held with Parkview Laboratory Services to identify causative factors leading to determining reasons the ordered labs were not drawn per facility's request.-Parkview Laboratory personnel will streamline information they request by directing faxes and phone calls to the facility's Medical Record Department in addition to individual nursing stations to ensure information requested is provided timely.-The Unit Managers have been re-educated on the Laboratory Tracking System. Education includes but is not limited to identifying what labs have been ordered and appropriate documentation reflecting results have been received for each specific lab ordered. A pre-test and post-test were administered to verify understanding of the laboratory tracking process.</p> <p>-Education provided August 17,</p>		

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	<p>on 7/19/11, the BMP, CRP, ESR, and Vancomycin Trough;</p> <p>on 7/26/11, the CBC, BMP, CRP, and ESR.</p> <p>On 8/5/11 at 9:30 A.M., Unit Director #1 indicated the laboratory tests had not been done. He indicated the nurse faxed the laboratory requesting the weekly laboratory tests but the laboratory never came to do the tests. The Unit Director indicated the facility staff did not realize the laboratory test were not being done until 7/28/11.</p> <p>Physician orders, dated 7/28/11, indicated the CBC, BMP, Sed Rate, and CRP were to be done on 7/28/11, and then every week starting on 8/2/11.</p> <p>On 8/8/11 at 9:30 A.M., the DON (Director of Nursing) indicated she had spoken with the laboratory and they did not do the tests.</p> <p>This Federal tag relates to Complaint Numbers IN00094140 and IN00094406.</p> <p>3.1-49(a)</p>				<p>2011 by the Director of Nursing Services.-The Medical Records Licensed Nurse/Designee is responsible for oversight to ensure compliance. How the corrective action(s) will be monitored to ensure the deficient practice will not recur:-A CQI monitoring tool titled "Labs/Diagnostics" will be utilized for 8 months. The Unit Managers will complete the CQIs on day shift every week x 4, monthly x 3 and quarterly thereafter.-Data will be submitted to the CQI committee. If threshold is not met, an action plan will be developed.-Non-compliance with facility procedure may result in disciplinary action up to and including termination.</p>		